



VOLUNTEER APPLICATION

CITY OF CHULA VISTA

276 Fourth Avenue

Chula Vista, CA 91910

Phone: (619) 691-5096, Fax: (619) 409-5915

Select one of the following:

- ☐ Volunteer _____
☐ Intern _____
☐ Work Experience _____

TODAY'S DATE: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: _____
Business Phone: _____

Email Address: _____

Person to call in an emergency: _____ Phone Number: _____

How did you hear about volunteer opportunities at the City of Chula Vista:

- ☐ Friend ☐ City of Chula Vista Spotlight ☐ City of Chula Vista Website
☐ School Requirement ☐ Association with the program ☐ Other _____

EDUCATION AND SKILLS

Do you need community service hours for:
(check if applicable)

- ☐ High School ☐ College

List any special training, education, skills or hobbies that help us to better place you as a volunteer.

Bilingual Skills – Please indicate language(s) and if you speak, read and/or write the language.

WORK EXPERIENCE

Present or previous occupations (include volunteer work). Use separate sheet for additional employer information.

Employer Name and Address:	Phone:	Duties:
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Dates: FROM: TO:	Reason for Leaving:
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Employer Name and Address:	Phone:	Duties:
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Dates: FROM: TO:	Reason for Leaving:
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Employer Name and Address:	Phone:	Duties:
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Dates: FROM: TO:	Reason for Leaving:
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Have you ever been discharged or forced to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted as an adult for any violation of the law? Provide dates, location(s) and penalties. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Codes §11357 (b) or (c), §11360 (b), §11364, §11365 and §11550 as related to marijuana. Conviction is not necessarily a bar to employment. Each case will be given individual consideration. Failure to list all convictions other than those excluded above may disqualify you from further consideration. (If Yes – Explain under Remarks)	Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Remarks (attach additional sheets if necessary): _____

VOLUNTEER INFORMATION

PLEASE CHECK THE TYPE OF VOLUNTEER WORK YOU WOULD LIKE TO DO:

Some positions may require a background check

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| <input type="checkbox"/> Office Support – Specify Dept.: _____

<input type="checkbox"/> Engineering

<input type="checkbox"/> Fire Department
<input type="checkbox"/> Community Emergency Response Teams
<input type="checkbox"/> Explorer Program
<input type="checkbox"/> Office Support

<input type="checkbox"/> Library
<input type="checkbox"/> Adult Literacy
<input type="checkbox"/> After School Program
<input type="checkbox"/> Bookstore/Friends
<input type="checkbox"/> CD/Cassette Shelving
<input type="checkbox"/> Children's Services
<input type="checkbox"/> Clerical Tasks
<input type="checkbox"/> Computer Aide
<input type="checkbox"/> Delivery of books to the homebound
<input type="checkbox"/> Filing

<input type="checkbox"/> Nature Center
<input type="checkbox"/> Aquarists
<input type="checkbox"/> Bird Walk Leaders
<input type="checkbox"/> Bird Crew
<input type="checkbox"/> Bookstore/Admissions Desk
<input type="checkbox"/> Clapper Rail Observer
<input type="checkbox"/> Docent
<input type="checkbox"/> Greenhouse/Gardeners
<input type="checkbox"/> Maintenance Crew

<input type="checkbox"/> Police Department
<input type="checkbox"/> Animal Shelter
<input type="checkbox"/> Citizen's Adversity Support Team (CAST)
<input type="checkbox"/> Explorer Scouts
<input type="checkbox"/> Mounted Police

<input type="checkbox"/> Recreation Department
<input type="checkbox"/> Aquatics
<input type="checkbox"/> Community Advisor
<input type="checkbox"/> Computer Center for Seniors
<input type="checkbox"/> Inclusive Aide
<input type="checkbox"/> Maintenance
<input type="checkbox"/> Office/Clerical
<input type="checkbox"/> Photography | <input type="checkbox"/> Community Development

<input type="checkbox"/> Finance

<input type="checkbox"/> Human Resources

<input type="checkbox"/> Graphics/Art Projects
<input type="checkbox"/> Greeters
<input type="checkbox"/> Internet Assistant
<input type="checkbox"/> Museum Docent
<input type="checkbox"/> Shelf Reading
<input type="checkbox"/> Shelving
<input type="checkbox"/> Special Projects
<input type="checkbox"/> Summer Reading Program
<input type="checkbox"/> Youth Literacy

<input type="checkbox"/> Nature Craft Assistant
<input type="checkbox"/> Newsletter
<input type="checkbox"/> Office Assistant
<input type="checkbox"/> Party Coordinator
<input type="checkbox"/> Petting Pool
<input type="checkbox"/> Shark & Ray Monitor
<input type="checkbox"/> Translators/Interpreters

<input type="checkbox"/> Police Reserve
<input type="checkbox"/> Police Support
<input type="checkbox"/> Senior Volunteer Patrol Program (SVPP)

<input type="checkbox"/> Program Assistance
<input type="checkbox"/> Program Development
<input type="checkbox"/> Senior Center
<input type="checkbox"/> Special Events
<input type="checkbox"/> Specialized Program Instructor
<input type="checkbox"/> Sports/Coaching/Scorekeeping
<input type="checkbox"/> Therapeutic Programs |
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Please list any physical limitations that need to be accommodated to help you volunteer.

Please state what days and times you are available to volunteer.

DAY:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME:							

I understand that, as a volunteer, I am representing the City of Chula Vista and will adhere to the guidelines set forth by the program. I acknowledge that the City of Chula Vista does not take court referred volunteers.

Signature _____ **Date** _____

If you are under 18 years of age, a parent/guardian must sign. (You must be 15-1/2 years old to volunteer)

I give permission to my child to volunteer for the City of Chula Vista.

Parent / Guardian

Signature _____ **Date** _____